

**ARIZONA STATE BOARD OF HEALTH**  
BUREAU OF VITAL STATISTICS  
STANDARD CERTIFICATE OF BIRTH

State File No. 174  
Registered No. 208

**1. PLACE OF BIRTH**

County Dila State Arizona  
District or Township \_\_\_\_\_ or Village \_\_\_\_\_  
City Miami No. 1115 Sullivan St. Ward \_\_\_\_\_  
(If birth occurred in a hospital or institution, give its NAME instead of street and number)

**2. Full name of child**

Kearia Stovall  
(If child is not yet named, make supplemental report, as directed.)

**3. Sex of Child**

To be answered ONLY  
in event of plural  
births.

**4. Twin, triplet or other**

**6. Legitimate?**

**7. Date of birth**

Month Day Year  
May 20 1927

**8.**

**FATHER**

**Full name**

Frank Lane Stovall

**9. Residence**

(Usual place of abode)

Phoenix, Ariz  
If non-resident, give place and state.

**10. Color or race**

White

**11. Age at last birthday**

29 (Years)

**12. Birthplace (city or place)**

Marshall

(State or country)

Texas

**13. Occupation**

Nature of industry

Carpenter

**14.**

**MOTHER**

**Full maiden name**

Josephine Hase

**15. Residence**

(Usual place of abode)

Phoenix, Arizona  
If non-resident, give place and state.

**16. Color or race**

Mexican

**17. Age at last birthday**

25 (Years)

**18. Birthplace (city or place)**

(State or country)

Mexico

**19. Occupation**

Nature of industry

Housewife

**20. Number of children of this mother**

(Taken as of time of birth of child herein certified and including this child.)

2

**(a) Born alive and now living**

2

**(b) Born alive but now dead**

0

**(c) Stillborn**

**21. Were precautions taken against ophthalmia neonatorum?**

Yes

**CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\***

I hereby certify that I attended the birth of this child, who was

Aline  
(Born alive or stillborn.)

at 11:15 P. m. on the date above stated

**Signature**

Dr. F. Miller M.D.

\*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given name added from a supplemental report

Month, day, year

**Address**

Miami, Arizona

(Physician or midwife)

**Filed**

May 20, 1927

C. E. Iron

Registrar

Registrar

723-520-185

MAKING RESERVE FOR BINGO

WRITE PLAIN. WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at a birth, a SEPARATE RETURN must be made for each, and the number of each in order of birth stated.